

## **Procurement Card Application Instructions**

### **Cardholder Information**

**Cardholder Name** – The individual who will be responsible for all purchases made on the card. This person must be an employee of USM.

**Social Security No.** – Social security number of the cardholder.

**Date of Birth** – Date of birth of the cardholder (MM/YYYY).

### **Department Information**

**Department Mailing Address** – The United States Postal Service mailing address for the department.

**Business Phone No.** – Cardholder's phone number.

**Email Address** – Email address for the cardholder.

**Department Name** – Name of the department for the cardholder

**Text on Card** – This information will be displayed on the card below the Cardholders' name.

### **Other Information**

**Spending Limit** – This is the total dollar limit for a billing period for a card. The limit set by the university is \$10,000

**Single Transaction Limit** – The single transaction amount of \$1,000

**Application for Procurement Card**

**Cardholder Information**

Cardholder Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Department Information**

Department Name \_\_\_\_\_

Department Mailing Address \_\_\_\_\_

Department Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Text on Card \_\_\_\_\_

**Other Information**

Spending Limit:                    \$ \_\_\_\_\_                    (not to exceed \$10,000)

Single Transaction Limit:    \$ \_\_\_\_\_                    (not to exceed \$1,000)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Budget authority signature

*Send the completed Procurement Card Application to:  
Procurement Card Administrator  
118 College Drive #5003*

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*Internal Use Only*

*Date Received  
Date Processed  
Issue Date  
Card Account No.*

